



PRESENTING CLINICAL SIGNS

PATIENT

Penny Couperthwaite

History: Penny is mainly a house pet but has done agility classes once since she was ~1.5 years of age - typically hour long classes once/week for several months at a time with breaks (1-2 months) in between training periods. She also does do occasional agility training with me on our own however this is infrequent. She also competes in agility trials (~once/month). She has been going to the WCVM for rehab assessments periodically (every 3-4 months) since Jan. 2020 to ensure she is in good shape, has no injuries, and to develop a fitness plan. Since 2020 I had noticed some kyphosis of her spine and she will occasionally bunny hop when going downstairs or running in the yard (although the bunnyhopping has been a 'normal' for her since she was a puppy). She has previous history of a R gracillis sprain and thoracolumbar pain. Her rehab assessments have revealed some lumbosacral and SI joint discomfort as well as occasional iliopsoas tightness. I am doing repeat radiographs of her lumbar spine (last ones done in Feb. 2020) to see if any evidence of osteoarthritis, spondylosis, etc. that may be causing some of her discomfort. She is currently on a joint supplement (Phycos Max HA) daily.

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: Nothing abnormal on PE currently. Bloodwork (CBC/Chem/T4) - unremarkable.

RADIOGRAPHIC STUDY OF L-SPINE AND PELVIS

AGE

8 Years

L-Spine

The surrounding muscles and fat layers appear physiological.

The sacrum consists of 4 vertebrae. No signs of aggressive osteolysis have been identified. The facet joints are congruent.

INTERPRETED BY

Heike Rudolf, DVM,
Dr. med. Vet.,
DipECVDDI DVR

Lateral spondylosis is present on the right side of the L5/6 disc space.

The L5/6 disc space is slightly reduced and a small bone opacity is evident between the ventral endplates.

HOSPITAL NAME

Woodridge VC

Pelvis

The skin surfaces are smooth and the muscles appear to be symmetrically developed.

The skeletal structures are well mineralized, with physiological cortico-medullary development and differentiation.

REFERRING VET

Breanne
Couperthwaite

The hip joints appear congruent with even subchondral bone surfaces. No new bone formation is evident.

RADIOGRAPHIC DIAGNOSIS

INVOICE

13242

- Possible disc space narrowing L5/6
- Transitional vertebra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

9/23/21



PATIENT

Accurate positioning of the spine is difficult even under G.A. and cord compression can only be identified with myelography or in cross sectional imaging. Depending on the severity of the clinical/neurological signs, CT or MRI can be employed. MRI may also help with identifying muscle fibrosis and myositis.

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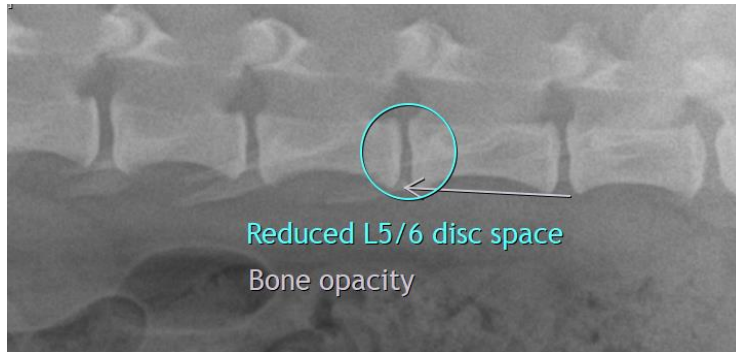
AGE

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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HOSPITAL NAME

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